

PUBLIC RECORDS REQUEST/REPORT

Requestor Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____ Fax (____) _____

Records Requested [Please provide a clear, concise description with dates, if applicable. Attach a separate page if needed.]

MDRS will contact you regarding the approximate cost incurred in producing your requested records.

****Please do not write in the box below. This area is for agency use only.****

RECORDS NEVER OPEN TO PUBLIC ACCESS

(Includes but not limited to--)

- Client Files
- Medical Records
- Personnel Files

FEES FOR ACCESS TO PUBLIC RECORDS

The Mississippi Department of Rehabilitation Services supplies public records at a reasonable cost.

Fees are listed as follows:

- Records Search, per hour
 - Clerical staff \$15
 - Professional staff \$35
- Duplication Fee, per page . . . \$1
- Other printed materials,
 - per 25 pages \$10
- Alternate Media, per printed page
 - equivalent \$1

ALL REQUESTS MUST BE SUBMITTED IN WRITING TO--

Office of Communication and
 Consumer Relations,
 Mississippi Department of
 Rehabilitation Services
 Attn: Rebecca H. Moffett
 Post Office Box 1698
 Jackson, Mississippi 39215-1698
 Telephone No. 601.853.5175

AGENCY'S RESPONSE:

DATE

Request Received By _____

Title _____

Location _____

Request Sent to Legal Staff By _____

Legal Staff:

Request Approved By _____

Request Denied By _____

Reason _____

Request Sent to Program Director By _____

Program Director:

Request Approved By _____

Request Denied By _____

Reason _____

Records Produced and Provided By _____

Fee For Access _____

Requestor Informed By _____

Fee Collected By _____

Fee Closed By _____

Comments _____
